

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Shelley

Sekula-Gibbs MD

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

PO Box 890954

Houston, TX 77289-0954

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(981) 480-5633

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Soliz-Matthews

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

51 Rollingwood Dr., Houston, TX 77080

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 861-1117

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

1 / 1 / 06

6 / 30 / 06

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Houston City Council, At Large

13 OFFICE SOUGHT (if known)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Use)

17 NOTICE FROM POLITICAL COMMITTEE(S)

**** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ****

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 32,575.⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 25,804.⁰⁶

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

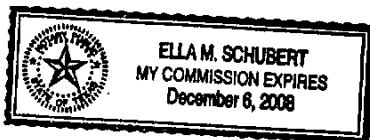
\$ 105,803.⁰³

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Shelley Schubert-Gibbs
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shelley Schubert-Gibbs, this the 13th day of July, 20 06, to certify which, witness my hand and seal of office.

Ella M. Schubert
Signature of officer administering oath

Ella M. Schubert
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 1 of 12
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 1-3-2006	Full name of contributor out of state PAC ID# _____ Michael Massa	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available) Luncheon after inauguration ceremony
	Contributor address; City, state, zip code [REDACTED] Boston, MA 02108		
Principal occupation Job title (See Instructions) Restaurant owner		Employer (See Instructions) Massa's Restaurant	

Date 1-13-2006	Full name of contributor out of state PAC ID# _____ Donna Sue Dolle	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Boston, MA 02108		
Principal occupation Job title (See Instructions) Physician		Employer (See Instructions) Self	

Date 1-13-2006	Full name of contributor out of state PAC ID# _____ Jack Blanton, Sr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Boston, MA 02108		
Principal occupation Job title (See Instructions) President		Employer (See Instructions) Eddy Refining Company	

Date 1-13-2006	Full name of contributor out of state PAC ID# _____ Mavis P. Kelsey, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Boston, MA 02108		
Principal occupation Job title (See Instructions) Real estate broker		Employer (See Instructions) Kelsey Commercial	

Date 1-13-2006	Full name of contributor out of state PAC ID# _____ Harris S. Leven	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Boston, MA 02108		
Principal occupation Job title (See Instructions) Attorney		Employer (See Instructions) CenterPoint Energy, Inc.	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 2 of 12
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 1-13-2006	Full name of contributor out of state PAC ID# Mark A. Price, M.D.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED] TX 75045-6026		
Principal occupation Job title (See Instructions) Physician		Employer (See Instructions) Self	

Date 1-13-2006	Full name of contributor out of state PAC ID# R. Carla Thompson	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Columbia, MD 21046-1000		
Principal occupation Job title (See Instructions) Project manager		Employer (See Instructions) Sunland Group	

Date 1-13-2006	Full name of contributor out of state PAC ID# Peter Wareing	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] SE, DC [REDACTED] 20001-7409		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Wareing, Athon & Company	

Date 1-13-2006	Full name of contributor out of state PAC ID# Beth Wolff	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] St. James Place, St. L [REDACTED] MO 63108-2400		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Beth Wolff Realtors	

Date 1-17-2006	Full name of contributor out of state PAC ID# Houston Firefighters PAC	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77001		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 3 of 12
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 1-17-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED] TX 77051		
Principal occupation Job title (See Instructions) President		Employer (See Instructions) South Texas Carpets & Fine Floors	

Date 1-17-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED] TX 77051		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) BRH-Garver, Inc.	

Date 1-17-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED] TX 77051		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 1-17-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED] TX 77051		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Jimerson Underground, Inc.	

Date 1-17-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED] TX 77051		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Jimerson Underground, Inc.	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 4 of 12
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 1-17-2006	Full name of contributor out of state PAC ID# CLR/PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 1-17-2006	Full name of contributor out of state PAC ID# Louis A. Waters, Jr.	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) President & CEO		Employer (See Instructions) Simdesk Technologies, Inc.	

Date 1-18-2006	Full name of contributor out of state PAC ID# Edmund M. "Tex" Fountain, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) Retired		Employer (See Instructions) N/A	

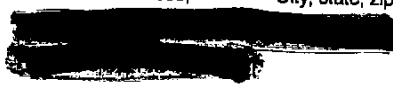
Date 1-19-2006	Full name of contributor out of state PAC ID# David G. Bradley	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) Engineer		Employer (See Instructions) KBR	

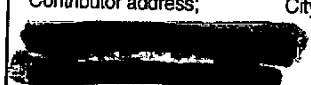
Date 1-19-2006	Full name of contributor out of state PAC ID# J. James Rohack, MD	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) Physician		Employer (See Instructions) Self	


**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

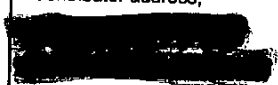
SCHEDULE A


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 5 of 12
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 1-19-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$300.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Deutser & Weil	

Date 1-20-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 1-20-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 		
Principal occupation Job title (See Instructions) Real estate		Employer (See Instructions) Home Trust	

Date 1-20-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions) Platinum Network Systems, Inc.	

Date 1-20-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 6 of 12
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 1-20-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Mark E. Wise		
	Contributor address; City, state, zip code		
Principal occupation Job title (See Instructions) Attorney		Employer (See Instructions) Zimmerman, Axelrad, Meyer, Stern & Wise PC	

Date 1-23-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Arlo Weltge, MD		
	Contributor address; City, state, zip code		
Principal occupation Job title (See Instructions) Physician		Employer (See Instructions) Self	

Date 1-23-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Paul Somerville		
	Contributor address; City, state, zip code		
Principal occupation Job title (See Instructions) CEO		Employer (See Instructions) Associated Pipe Line Contractors, Inc.	

Date 1-24-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Morris Architects Civic Action Fund		
	Contributor address; City, state, zip code		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 1-25-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	E. Fred Aguilar, M.D.		
	Contributor address; City, state, zip code		
Principal occupation Job title (See Instructions) Plastic Surgeon		Employer (See Instructions) Self	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 7 of 12
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 2-3-2006	Full name of contributor out of state PAC ID# Allen Boone Humpries Robinson LLP	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 2-3-2006	Full name of contributor out of state PAC ID# Robert E. Jackson, MD	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) Physician		Employer (See Instructions) Associates in Medicine, PA	

Date 2-3-2006	Full name of contributor out of state PAC ID# Warren T. Longmire, Jr. MD	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) Physician		Employer (See Instructions) Family Practice, PA	

Date 2-6-2006	Full name of contributor out of state PAC ID# Linebarger Goggan Blair & Sampson LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 2-10-2006	Full name of contributor out of state PAC ID# Norman Adams	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Adams Insurance Service	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 8 of 12
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 2-10-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	TSC Fund		
	Contributor address; City, state, zip code		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 2-10-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Rudolph H. Bruhns		
	Contributor address; City, state, zip code		
Principal occupation Job title (See Instructions) Executive Vice President		Employer (See Instructions) Greater Houston Transportation Co.	

Date 2-10-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Dr. Stephen Fletcher		
	Contributor address; City, state, zip code		
Principal occupation Job title (See Instructions) Physician		Employer (See Instructions) Self	

Date 2-28-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	HOUCON PAC		
	Contributor address; City, state, zip code		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 2-28-2006	Full name of contributor out of state PAC ID#	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Andrews Kurth Texas PAC		
	Contributor address; City, state, zip code		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 9 of 12
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 3-2-2006	Full name of contributor out of state PAC ID# Jim Dannenbaum	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) Engineer		Employer (See Instructions) Dannenbaum Engineering Corp.	

Date 3-3-2006	Full name of contributor out of state PAC ID# Brij Walia	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) President & CEO		Employer (See Instructions) Continental Mfg. Company, Ltd.	

Date 3-3-2006	Full name of contributor out of state PAC ID# Harbhajan S. Hayre	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) Professor		Employer (See Instructions) University of Houston	

Date 3-3-2006	Full name of contributor out of state PAC ID# Virendra S. Mathur, MD	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) Physician		Employer (See Instructions) Texas Heart Institute	

Date 3-3-2006	Full name of contributor out of state PAC ID# Durga Das Agrawal	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) CEO		Employer (See Instructions) Piping Technology & Products	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 10 of 12
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 3-3-2006	Full name of contributor out of state PAC ID# Brij Agrawal	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions) CEO		Employer (See Instructions) V.K.C.I.	

Date 3-3-2006	Full name of contributor out of state PAC ID# Virendra S. Mathur, MD	Amount of contribution (\$) \$600.00	In-kind contribution description (if available) Reception expenses
	Contributor address; City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions) Physician		Employer (See Instructions) Texas Heart Institute	

Date 3-4-2006	Full name of contributor out of state PAC ID# Jerry Brady	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions) President		Employer (See Instructions) Liberty Cab	

Date 3-4-2006	Full name of contributor out of state PAC ID# Greg Falgout	Amount of contribution (\$) \$4,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Island Operating Co., Inc.	

Date 3-4-2006	Full name of contributor out of state PAC ID# Kiran Sharma	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED]		
Principal occupation Job title (See Instructions) Physician		Employer (See Instructions) Self	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 11 of 12
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 3-4-2006	Full name of contributor out of state PAC ID# _____ Reliant Energy, Inc. PAC	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 3-4-2006	Full name of contributor out of state PAC ID# _____ Locke Liddell & Sapp, LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 3-4-2006	Full name of contributor out of state PAC ID# _____ Carter & Burgess PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 3-4-2006	Full name of contributor out of state PAC ID# _____ HAA Better Govt. Fund	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 3-4-2006	Full name of contributor out of state PAC ID# _____ Helen Hodges	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) President/Owner		Employer (See Instructions) SSCI-Environmental	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 12 of 12
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 3-4-2006	Full name of contributor out of state PAC ID# Truett Latimer	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] [REDACTED]		
Principal occupation Job title (See Instructions) Film		Employer (See Instructions) Truett Latimer Productions	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 1 of 20
FILER NAME: Shelley Sekula-Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 1/6/2006	Payee name Payee address Leedy Graphics P.O.Box 680826 Houston, TX 77268	Amount (\$) \$979.66
Purpose of expenditure (See instructions regarding type of information required.) printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 1/9/2006	Payee name Payee address T-Mobile P.O.Box 790047 St. Louis, MO 63179-0047	Amount (\$) \$62.76
Purpose of expenditure (See instructions regarding type of information required.) Blackberry service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 1/10/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$102.45
Purpose of expenditure (See instructions regarding type of information required.) monthly payroll fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 1/10/2006	Payee name Payee address Tyler Norman 4146 E. Northhampton Houston, TX 77098	Amount (\$) \$48.71
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for frames		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 1/13/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$296.34
Purpose of expenditure (See instructions regarding type of information required.) Campaign payroll		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 2 of 20
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 1/13/2006	Payee name Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Payee address	Amount (\$) \$54.87
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Purpose of expenditure (See instructions regarding type of information required.) payroll taxes	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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Date 1/13/2006	Payee name TSU Foundation c/o Dr. Theophilus Herrington, 3100 Cleburne Houston, TX 77004	Payee address	Amount (\$) \$100.00
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Purpose of expenditure (See instructions regarding type of information required.) contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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Date 1/13/2006	Payee name Abbott's Computerized Mailing 7070 W. 43rd St., Suite 101 Houston, TX 77092	Payee address	Amount (\$) \$740.33
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Purpose of expenditure (See instructions regarding type of information required.) postage and mail processing fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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Date 1/13/2006	Payee name River Oaks Business Women's Exchange Tanglewood Mgmt., 1400 Post Oak Blvd., Ste.550 Houston, TX 77056	Payee address	Amount (\$) \$300.00
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Purpose of expenditure (See instructions regarding type of information required.) membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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Date 1/13/2006	Payee name Lake Houston Pachyderm Club c/o Richard Leofsky, 6207 Hidden Lakes Dr. Kingwood, TX 77345-2202	Payee address	Amount (\$) \$40.00
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Purpose of expenditure (See instructions regarding type of information required.) membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held	Office sought /
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 3 of 20
FILER NAME: Shelley Sekula-Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 1/17/2006	Payee name Payee address Lowery/Tuvalcaba Fund c/o Wells Fargo Bank, 1600 Highway 146 Seabrook, TX 77586	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) charitable contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 1/17/2006	Payee name Payee address Burt Levine 3207 Rimrock Drive Missouri City, TX 77459	Amount (\$) \$300.00
Purpose of expenditure (See instructions regarding type of information required.) professional consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 1/17/2006	Payee name Payee address Yolanda Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$63.49
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 1/27/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$228.56
Purpose of expenditure (See instructions regarding type of information required.) Campaign payroll		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 1/27/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$40.97
Purpose of expenditure (See instructions regarding type of information required.) payroll taxes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 4 of 20
FILER NAME: Shelley Sekula-Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 1/31/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$7.58
Purpose of expenditure (See instructions regarding type of information required.) payroll taxes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 2/6/2006	Payee name Payee address Lisa Dimond 5210 Lamont Houston, TX 77092	Amount (\$) \$28.39
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for picture frames		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 2/6/2006	Payee name Payee address Tyler Norman 4146 E. Northhampton Houston, TX 77098	Amount (\$) \$13.52
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 2/6/2006	Payee name Payee address Houston Livestock Show & Rodeo P.O. Box 20070 Houston, TX 77225-0070	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 2/8/2006	Payee name Payee address Antioch Missionary Baptist Church c/o Ken Ducre, 3803 Luca Street Houston, TX 77021	Amount (\$) \$125.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 5 of 20
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 2/10/2006	Payee name Payee address Walden & Associates 55 Waugh Dr., Suite 515 Houston, TX 77007	Amount (\$) \$2,500.00
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Purpose of expenditure (See instructions regarding type of information required.) Fundraising consulting fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 2/10/2006	Payee name Payee address T-Mobile P.O. Box 790047 St. Louis, MO 63179-0047	Amount (\$) \$62.76
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Purpose of expenditure (See instructions regarding type of information required.) Blackberry service	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 2/14/2006	Payee name Payee address Burt Levine 3207 Rimrock Drive Missouri City, TX 77459	Amount (\$) \$300.00
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Purpose of expenditure (See instructions regarding type of information required.) professional consulting fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 2/17/2006	Payee name Payee address Deer Park Youth Baseball P.O. Box 1838 Deer Park, TX 77536	Amount (\$) \$250.00
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Purpose of expenditure (See instructions regarding type of information required.) Team sponsorship	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 2/17/2006	Payee name Payee address U.S. Postal Service 14917 El Camino Real Houston, TX 77062-2917	Amount (\$) \$72.00
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Purpose of expenditure (See instructions regarding type of information required.) postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 6 of 20
FILER NAME: Shelley Sekula-Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 2/17/2006	Payee name Payee address The Citizen 17511 El Camino Real Houston, TX 77058	Amount (\$) \$36.00
Purpose of expenditure (See instructions regarding type of information required.) subscription		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 2/17/2006	Payee name Payee address Yolanda Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$23.19
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for greeting cards		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 2/17/2006	Payee name Payee address Republican Party of Galveston County P.O. Box 135 League City, TX 77573	Amount (\$) \$750.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution for Lincoln Day Dinner		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 2/21/2006	Payee name Payee address Houston Livestock Show & Rodeo P.O. Box 20070 Houston, TX 77225-0070	Amount (\$) \$350.00
Purpose of expenditure (See instructions regarding type of information required.) membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 2/24/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$152.38
Purpose of expenditure (See instructions regarding type of information required.) Campaign payroll		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 7 of 20
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 2/24/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$26.91
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Purpose of expenditure (See instructions regarding type of information required.) payroll taxes	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/8/2006	Payee name Payee address Baylor College of Medicine One Baylor Plaza Houston, TX 77030	Amount (\$) \$1,000.00
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Purpose of expenditure (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/8/2006	Payee name Payee address LULAC District VIII 5207 Airline Drive, Suite 102 Houston, TX 77002	Amount (\$) \$125.00
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Purpose of expenditure (See instructions regarding type of information required.) parade fees	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/8/2006	Payee name Payee address Houston Hispanic Forum 4617 Montrose, Suite C11 Houston, TX 77006	Amount (\$) \$35.00
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Purpose of expenditure (See instructions regarding type of information required.) membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/8/2006	Payee name Payee address Jori Zemel Children's Bone Cancer Foundation P.O. Box 87731 Houston, TX 77287	Amount (\$) \$500.00
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Purpose of expenditure (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 8 of 20
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (ethics Commission filers)

Date 3/8/2006	Payee name Payee address Baylor College of Medicine One Baylor Plaza Houston, TX 77030	Amount (\$) \$35.00
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Purpose of expenditure (See instructions regarding type of information required.) lecture luncheon	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/8/2006	Payee name Payee address Lisa Dimond 5210 Lamont Houston, TX 77092	Amount (\$) \$10.80
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Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for photofinishing	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/8/2006	Payee name Payee address Yolanda Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$53.73
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Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for frames, postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/8/2006	Payee name Payee address Bay Area Republican Women PAC c/o Ruby Cubley, 15827 Craighurst Dr. Houston, TX 77059-0696	Amount (\$) \$700.00
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Purpose of expenditure (See instructions regarding type of information required.) Contribution for Lincoln Day Dinner	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/8/2006	Payee name Payee address Walden & Associates 55 Waugh Dr., Suite 515 Houston, TX 77007	Amount (\$) \$2,500.00
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Purpose of expenditure (See instructions regarding type of information required.) Fundraising consulting fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 9 of 20
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 3/8/2006	Payee name Payee address Harris County Republican Party 3311 Richmond #218 Houston, TX 77098	Amount (\$) \$1,000.00
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Purpose of expenditure (See instructions regarding type of information required.) Membership dues- Rep. Leadership Council	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/8/2006	Payee name Payee address Hispanic Women in Leadership P.O. Box 701065 Houston, TX 77270-1065	Amount (\$) \$50.00
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Purpose of expenditure (See instructions regarding type of information required.) membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/10/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$152.38
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Purpose of expenditure (See instructions regarding type of information required.) Campaign payroll	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/10/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$26.91
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Purpose of expenditure (See instructions regarding type of information required.) payroll taxes	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/10/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$102.51
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Purpose of expenditure (See instructions regarding type of information required.) monthly payroll fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 10 of 20
FILER NAME: Shelley Sekula-Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 3/21/2006	Payee name Payee address Governor Rick Perry Campaign PMB 217, P.O. Box 2013 Austin, TX 78768-2013	Amount (\$) \$1,000.00
Purpose of expenditure (See instructions regarding type of information required.) contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 3/21/2006	Payee name Payee address TFRW 900 Congress, Suite 300 Austin, TX 78701	Amount (\$) \$250.00
Purpose of expenditure (See instructions regarding type of information required.) membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 3/21/2006	Payee name Payee address Yolanda Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$25.31
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for FEDEX overnight		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 3/21/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$55.41
Purpose of expenditure (See instructions regarding type of information required.) Campaign payroll		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 3/22/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$9.79
Purpose of expenditure (See instructions regarding type of information required.) payroll taxes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 11 of 20
FILER NAME: Shelley Sekula-Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 3/29/2006	Payee name Payee address The Living Bank 4545 Post Oak Place, Suite 315 Houston, TX 77027	Amount (\$) \$1,500.00
Purpose of expenditure (See instructions regarding type of information required.) contribution - Awards Luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 3/29/2006	Payee name Payee address Tyler Norman 4146 E. Northhampton Houston, TX 77098	Amount (\$) \$58.43
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for refreshments		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 3/29/2006	Payee name Payee address Yolanda Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$25.31
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for refreshments		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4/4/2006	Payee name Payee address Jose Pulido 24218 Hamptonshire Lane Katy, TX 77494	Amount (\$) \$8.00
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for parking fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4/4/2006	Payee name Payee address Magic Circle Republican Women 2337 Underwood Houston, TX 77030	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement in directory		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 12 of 20
FILER NAME: Shelley Sekula-Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 4/7/2006	Payee name Payee address Houston Professional Women 803 Birchview Court Pearland, TX 77684	Amount (\$) \$25.00
Purpose of expenditure (See instructions regarding type of information required.) membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4/7/2006	Payee name Payee address Houston Realty Breakfast Club P.O. Box 27095 Houston, TX 77227-7095	Amount (\$) \$180.00
Purpose of expenditure (See instructions regarding type of information required.) membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4/7/2006	Payee name Payee address Greater Houston Pachyderm Club P.O. Box 22531 Houston, TX 77227	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4/7/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$69.26
Purpose of expenditure (See instructions regarding type of information required.) Campaign payroll		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4/7/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$12.24
Purpose of expenditure (See instructions regarding type of information required.) payroll taxes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 13 of 20
FILER NAME: Shelley Sekula-Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 4/10/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$109.01
Purpose of expenditure (See instructions regarding type of information required.) monthly payroll fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4/21/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$290.17
Purpose of expenditure (See instructions regarding type of information required.) Campaign payroll		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4/21/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$52.11
Purpose of expenditure (See instructions regarding type of information required.) payroll taxes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4/26/2006	Payee name Payee address Lisa Dimond 5210 Lamont Houston, TX 77092	Amount (\$) \$18.00
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for media directory		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 4/26/2006	Payee name Payee address Spirit of Freedom Republican Club 1111 Horseshoe Sugar Land, TX 77478	Amount (\$) \$90.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution for fundraising dinner		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 14 of 20
FILER NAME: Shelley Sekula-Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 5/1/2006	Payee name Payee address Cheryl Johnson Campaign Post Office Box 555 Friendswood, TX 77549-0555	Amount (\$) \$500.00
Purpose of expenditure (See instructions regarding type of information required.) contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5/1/2006	Payee name Payee address Ken Clark Campaign P.O. Box 1684 League City, TX 77573	Amount (\$) \$500.00
Purpose of expenditure (See instructions regarding type of information required.) contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5/1/2006	Payee name Payee address Swann for Governor P.O. Box 3501 Pittsburg, PA 15230-3501	Amount (\$) \$500.00
Purpose of expenditure (See instructions regarding type of information required.) contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5/2/2006	Payee name Payee address The Justice Foundation P.O. Box 2606 Houston, TX 77252	Amount (\$) \$750.00
Purpose of expenditure (See instructions regarding type of information required.) 2006 Gala contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5/4/2006	Payee name Payee address Daughters of Liberty 7902 Oakington Houston, TX 77071	Amount (\$) \$15.00
Purpose of expenditure (See instructions regarding type of information required.) Day of Prayer Luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 15 of 20
FILER NAME: Shelley Sekula-Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 5/4/2006	Payee name Payee address Felicia Kyle Campaign 3112 E. Sumac Pearland, TX 77684	Amount (\$) \$250.00
Purpose of expenditure (See instructions regarding type of information required.) contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5/5/2006	Payee name Payee address National Republican Senatorial Committee 425 2nd Street NE Washington, D.C. 20002	Amount (\$) \$200.00
Purpose of expenditure (See instructions regarding type of information required.) contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5/5/2006	Payee name Payee address Yolanda Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$364.05
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for toner cartridges & cards		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5/5/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$235.49
Purpose of expenditure (See instructions regarding type of information required.) Campaign payroll		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5/5/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$41.60
Purpose of expenditure (See instructions regarding type of information required.) payroll taxes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 16 of 20
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 5/9/2006	Payee name Payee address Jackie Mayhorn Campaign 5401 Van Landt Houston, TX 77016	Amount (\$) \$250.00
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Purpose of expenditure (See instructions regarding type of information required.) contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 5/10/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$102.51
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Purpose of expenditure (See instructions regarding type of information required.) monthly payroll fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 5/15/2006	Payee name Payee address TFRW PAC 900 Congress, Suite 300 Austin, TX 78701	Amount (\$) \$1,000.00
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Purpose of expenditure (See instructions regarding type of information required.) contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 5/19/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$256.27
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Purpose of expenditure (See instructions regarding type of information required.) Campaign payroll	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 5/19/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$45.26
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Purpose of expenditure (See instructions regarding type of information required.) payroll taxes	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 17 of 20
FILER NAME: Shelley Sekula-Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 5/26/2006	Payee name Payee address Texas Federation of Black Republicans P.O. Box 6585 Houston, TX 77265	Amount (\$) \$250.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement - full page ad		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5/26/2006	Payee name Payee address Texas Tea Party Republican Women 17719 Fireside Drive Spring, TX 77379	Amount (\$) \$25.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5/26/2006	Payee name Payee address League of Women Voters 2650 Fountain View, Suite 328 Houston, TX 77057	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 5/26/2006	Payee name Payee address Village Republican Women 3010 Shadowdale Dr. Houston, TX 77043	Amount (\$) \$15.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 6/1/2006	Payee name Payee address Barbara Meeks Campaign 2401 Intrepid Way League City, TX 77573	Amount (\$) \$500.00
Purpose of expenditure (See instructions regarding type of information required.) contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

Total pages Schedule F:
18 of 20

FILER NAME: **Shelley Sekula-Gibbs, MD**

ACCOUNT #: (Ethics Commission filers)

Date 6/1/2006	Payee name T-Mobile Payee address P.O. Box 790047 St. Louis, MO 63179-0047	Amount (\$) \$129.28
Purpose of expenditure (See instructions regarding type of information required.) Blackberry service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held Office sought /
Date 6/2/2006	Payee name Yolanda S. Caldwell Payee address 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$34.63
Purpose of expenditure (See instructions regarding type of information required.) Campaign payroll		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held Office sought /
Date 6/2/2006	Payee name Paychex Payee address 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$6.12
Purpose of expenditure (See instructions regarding type of information required.) payroll taxes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held Office sought /
Date 6/6/2006	Payee name Jewish Herald Voice Payee address P.O. Box 153 Houston, TX 77001-0153	Amount (\$) \$410.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement - Passover edition		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held Office sought /
Date 6/7/2006	Payee name Karen Gill Payee address P.O. Box 555 Hungerford, TX	Amount (\$) \$7.00
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for parking fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name held Office sought /

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 19 of 20
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 6/7/2006	Payee name Payee address Yolanda Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$30.23
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Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for coffee pot & parking	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 6/12/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	Amount (\$) \$165.95
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Purpose of expenditure (See instructions regarding type of information required.) monthly payroll fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 6/26/2006	Payee name Payee address Jewish Herald Voice P.O. Box 153 Houston, TX 77001-0153	Amount (\$) \$40.00
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Purpose of expenditure (See instructions regarding type of information required.) subscription	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 6/26/2006	Payee name Payee address Cingular 2321 University Lubbock, TX 79415-1717	Amount (\$) \$201.43
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Purpose of expenditure (See instructions regarding type of information required.) Service for Blackberries	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 6/26/2006	Payee name Payee address Human Point Resources 7520 Hornwood Dr., #901 Houston, TX 77036	Amount (\$) \$300.00
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Purpose of expenditure (See instructions regarding type of information required.) web updates	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 20 of 20
FILER NAME: Shelley Sekula-Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 6/30/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$76.20
Purpose of expenditure (See instructions regarding type of information required.) Campaign payroll		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 6/30/2006	Payee name Payee address Advantage 4300 Weaver Parkway Warrenville, IL 60555	Amount (\$) \$26.54
Purpose of expenditure (See instructions regarding type of information required.) payroll taxes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date 6/30/2006	Payee name Payee address Advantage 4300 Weaver Parkway Warrenville, IL 60555	Amount (\$) \$51.86
Purpose of expenditure (See instructions regarding type of information required.) monthly payroll fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held